



Toledo Regional Academic Affairs

TITLE: Resident/Fellow Expense Reimbursement

POLICY NUMBER: S-39

DEPARTMENT: Graduate Medical Education

Effective Date: 7/09

Revised: 8/22

Reviewed: 8/22

Date of next Review: 8/24

PURPOSE:

This policy establishes standards to guide residents during the course of their residency for reimbursements related to travel undertaken on behalf of, or at the request of their residency program, as well as provide reimbursement for travel home from hospital (taxi, uber, etc.) if needed to ensure resident safety. Residents will be reimbursed for appropriate expenses in accordance with the sponsoring institution or Bon Secours Mercy Health applicable policies guidelines. While this policy cannot provide every possible situation, it establishes broad standards.

Conferences

The institution will support resident/intern/fellow ("resident(s)") attendance at a regional, state, or national conference if the resident/fellow (1 author) are accepted for a poster or podium presentation. Resident are required to complete Exhibit B and submit to the Academic Affairs office prior to registering or paying for any expenses for travel to conference. Expenses incurred prior to approval from the Academic Affairs office may be denied.

PROCEDURE:

1. Programs should establish policies and guidelines in selecting residents for recommendation to the Academic Affairs Office for conference sponsorship.
2. Residents should submit a proposed budget of anticipated expenses for conference attendance and related travel (i.e. conference registration, airfare, accommodations, meals, etc.) on Exhibit B and submit to the Residency Program Coordinator.
3. Academic Affairs will review the requested budget and provide approval. Budget caps may be set dependent on available funds. Upon receipt of approval, conference registration and travel may be arranged and paid for by the resident.
4. Residents may submit for reimbursement prior to conference of prepaid expenses, however should the conference be cancelled for industry or personal reasons, the resident may be required to reimburse any advances paid.
5. Upon completion of the conference, the resident should submit any additional receipts and reconcile prior advances by submitting all original receipts to the Program Office Coordinator.
 - i. Receipts must show proof of payment for the amount submitted for reimbursement. Credit card statements will not suffice without the item receipt.
 - ii. b. All reimbursements must be submitted by the program office using the reimbursement form. The travel and expense form and stipend tracking sheet will be completed in its entirety by the Program Coordinator or designee and submitted to Academic Affairs.

- c. All receipts must accompany the reimbursement form and clearly show proof of payment.
- d. Reimbursement submissions for conference attendance must include the conference agenda.
- e. **All receipts for food must be itemized**; this includes any meal being charged to the hotel room. If receipts are not itemized, the meal cannot be reimbursed. If multiple persons are included on the itemized receipt, the tip will be recalculated according to individual total (tip not to exceed 20% gratuity).
 - **Maximum food reimbursement is \$60.00/day**. If the conference includes breakfast, lunch or dinner in the registration cost and you choose to eat elsewhere, those meals are not eligible for reimbursement (consistent with Policy: MHP-FO-106).
 - **No alcoholic beverages will be reimbursed**.
- f. Mileage for conference/meeting travel will be reimbursed consistent with Regional Policy MHP-FO-106. Personal commuting miles are not considered business miles and are not eligible for reimbursement. Therefore, when calculating the number of business miles driven on a trip no commuting miles can be included. If a business trip originates from your personal residence, the number of miles of your normal commute (distance to/from work) must be deducted from the total miles driven. If a business trip originates from your place of work, no deduction for commuting miles is necessary.

Mileage to **MANDATORY** rotations will be reimbursed for mileage incurred after 30 miles (each way) to rotation site. Example: mileage to rotation site = 75 miles one way. Total mileage = 150 miles. 150 miles – 60 miles = 90 miles eligible for reimbursement. **This applies to MANDATORY ROTATIONS ONLY.**

**Elective rotation mileage is not eligible for reimbursement.

- 6. All reimbursements **MUST** be submitted to the Residency office within **30 days** from purchase or travel to ensure the Academic Affairs office can process the reimbursement using the WORKDAY system to meet Mercy guidelines. Failure to request reimbursement and properly document expenses within **30 days** of occurrence may result in reimbursement being denied.

Approved by:



Randall Schlievert, MD
VP, Academic Affairs and Research, Mercy Health - Toledo
DIO, Mercy Health - St. Vincent Medical Center
Chief Academic Officer, Mercy Health - Toledo

Exhibit A

Moving Expenses: for new residents - *over 30 miles from current living address to location closer to Toledo, must turn in receipts no later than July 31. Maximum reimbursement total is \$1000.00*

1. Moving Company (showing delivery address)
2. Moving van + gas receipts (for van only)
3. Mileage if using personal car to move (resident car only) (one trip)
4. Packing material (boxes)
5. Freight Company: if shipping belongings to new address. This does not include shipping belongings to other location.
6. Airline flight (if greater than 4 hours away)

Life Flight Uniform: EM residency only, **must be used in first half of academic year (PRIOR to January 1)** and **ONLY** if flying.

- Items from "Life Flight/Mobile Life Uniform Order Sheet"
- Steel toe boots
- Gloves/Jacket/Gear/Safety (with prior approval from the Program Director)

Fatigue Management/Mitigation: (expense covered by the institution) to be used when too tired to drive home safely after shift. Receipt for transportation home (taxi, bus, uber, etc.) must be submitted to the residency program office. Program Coordinator will submit receipt with duty hour log report for processing.

Any variation from the list **MUST** be approved by Academic Affairs **PRIOR** to the purchase or reimbursement is not guaranteed. License and board exam fees unless previously indicated are the responsibility of the resident.

PROGRAM REQUEST TO SPONSOR RESIDENT/FELLOW AT CONFERENCE

Request Date: _____

Resident/Fellow _____

Program Name: _____

Conference Name: _____

Conference Location: _____

Travel Dates: _____

PURPOSE OF CONFERENCE

- Podium Presentation
- Required by Program (please reference ACGME program requirement)
- Poster Presentation
- Optional Training/Conference

For optional conference, provide justification: _____

Program Director's Signature: _____

PROPOSED BUDGET FOR CONFERENCE ATTENDANCE

Expense Description	Budget Amount
Conference Registration Fee	\$ _____
Airfare	\$ _____
Hotel Accommodations	\$ _____
Per Diem rate for Meals \$60.00 x # of Days ____	\$ _____
Other: _____	\$ _____
Total Requested	\$ _____

Is resident/fellow receiving an industry/foundation grant/scholarship to offset cost of conference attendance? Yes No

If yes, amount of industry grant/scholarship \$ _____

FOR ACADEMIC AFFAIRS USE:

- Approved not to exceed total reimbursement of \$ _____
- Denied, _____

Regional Director, Academic Affairs

Date